

HISTORIC PRESERVATION CERTIFICATION APPLICATION INSTRUCTIONS

Included in this package are:

- Instructions for the completion of the HISTORIC PRESERVATION CERTIFICATION APPLICATION
- HISTORIC PRESERVATION CERTIFICATION APPLICATION
 - PART 1 - EVALUATION OF ELIGIBILITY
DECLARATION OF LOCATION form
 - PART 2 - DESCRIPTION OF REHABILITATION
VERIFICATION OF THE STATE EQUALIZED VALUE form
Continuation sheet
Amendment sheet
 - PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK

Read the following instructions carefully before completing the application. When filling out the application, type or print clearly in black ink. In instances when adequate documentation is not provided or the application is incomplete, review and evaluation cannot be completed, resulting in postponement or denial of the requested certification.

HISTORIC PRESERVATION CERTIFICATION

State of Michigan tax credits are available for any qualified project that the State Historic Preservation Office (SHPO) designates as a *certified rehabilitation* of a *certified historic resource*.

A *certified historic resource* is a resource that is:

- located in a local unit of government with a population of 5,000 people or more *and* is a contributing resource in a local historic district established under Michigan's Local Historic Districts Act (P.A. 169 of 1970, as amended); *or*,
- located in a local unit of government with a population under 5,000 people *and* is a contributing resource in a local historic district, *or* is listed in the State Register of Historic Sites or the National Register of Historic Places.

A *certified rehabilitation* is the rehabilitation of a certified historic resource that the SHPO has certified as being consistent with the historic character of the resource and, where applicable, with the district in which the resource is located. The rehabilitation must conform to the SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION. A copy of the certification will be provided to the Michigan Department of Treasury.

A *local historic district* is established by local ordinance and may regulate the construction, alteration, and demolition of resources in the district. The *State Register of Historic Sites* is a program designed to assist the citizens of Michigan with the identification and recognition of historic resources through Michigan Historical Markers. The *National Register of Historic Places* is the nation's list of cultural resources worthy of preservation. Listing in the State Register of Historic Sites or in the National Register of Historic Places is honorary and does not prevent private citizens from altering, managing, or disposing of the listed resource.

It is possible that a local historic district may also be listed in the State Register of Historic Sites or in the National Register of Historic Places. However, a resource may be listed in either register and still not be a part of a local historic district.

To qualify for the State of Michigan tax credits, applicants must complete all three parts of the HISTORIC PRESERVATION CERTIFICATION APPLICATION.

The Historic Preservation Certification Rules (1999 AACRS, R399.47) prescribe that applicants are responsible for the payment of application processing fees. The instructions detail what these fees are.

Applicants applying for both federal and state tax credits need to submit two complete copies of each part of the federal HISTORIC PRESERVATION CERTIFICATION APPLICATION. Additionally, applicants must submit one copy of the DECLARATION OF LOCATION form, the VERIFICATION OF THE STATE EQUALIZED VALUE form, and PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK of the state HISTORIC PRESERVATION CERTIFICATION APPLICATION.

PART 1 - EVALUATION OF ELIGIBILITY

For communities with a population of 5,000 people or more, the resource must be located in a local historic district to be eligible. For communities with a population less than 5,000 people, the resource must be located in a local historic district, *or* listed in the State Register of Historic Sites individually or as part of a district, *or* listed in the National Register of Historic Places individually or as part of a district to be eligible.

Part 1 of the HISTORIC PRESERVATION CERTIFICATION APPLICATION is used to confirm that the resource is a certified historic resource.

The documentation in Part 1 of the application must be sufficient to determine the historic character of the resource.

Completing Part 1 - Evaluation of Eligibility

1. Name of resource. Provide the name of the resource. If the resource is listed in the state or national register, use the resource name that is indicated on the register nomination form. When a resource is known by a historic name, i.e. Michigan Manufacturing Company, or is called by a historic name in the documentation, use that name. However, if no historic name is ascribed to the resource, the name of the resource is, generally, the street address. Provide the complete address for the resource under consideration. If the resource is located within a historic district - local, state, or national - provide the name of the district. Identify the local unit of government. The population of the local unit of government and the source of this information must be provided. *The internet is a source of information for current population statistics. Please see <http://www.census.gov/population/www/estimates/mcdplace.html>. Population statistics can also be obtained from the local unit of government.*

Declaration of Location. If the resource is located in a local historic district, this must be verified and the DECLARATION OF LOCATION form must be completed. *The information needed to complete the form and certification of this information can be obtained from the local historic district commission or clerk's office* An applicant who submits a DECLARATION OF LOCATION form must pay a \$25 processing fee. This fee is nonrefundable. Checks or money orders must be made payable to the "State of Michigan." Cash will not be accepted. No decisions will be issued by the SHPO until the receipt of appropriate remittance.

2. Nature of Request. Check the appropriate box relating to the verification of the historic status of the resource.

3. Project contact. Provide the name, complete address, daytime telephone number, and email address, if applicable, of the person to whom inquiries regarding specifics of the application should be made.

4. Owner of resource. Provide the name of the resource owner. If the owner is a business entity, provide the name of the organization. Give the owner's Social Security Number or Tax Identification Number. If there are multiple resource owners, their names, addresses, and Social Security Numbers or Tax Identification Numbers must be listed on a continuation sheet. Provide the owner's complete address, daytime telephone number, and email address, if applicable. All owners must sign and date the application. Unsigned applications will not be reviewed. *If the applicant is a long-term lessee as defined by P.A. 534 and 535 of 1998, the lessee must complete the application as the owner of the resource.*

5. Photographs and additional materials. All applications must be supported by adequate documentation. Photographs supplement, and to some extent may substitute for, some of the description of physical appearance (*see #6*). Provide good, clear photographs of the resource and its surroundings as they appear *before* rehabilitation. The photographs should show all elevations of the resource, views of the resource in its setting, and representative exterior and interior features, spaces, and details.

Photographs should be labeled with the following information: 1) the resource name; 2) the view, i.e. east elevation; 3) a brief description of what is pictured; 4) the date when the photograph was taken; and 5) a number assigned by the applicant. Where applicable, the photographs should be keyed to the description of physical appearance (*see #6*). All photographs must be keyed to a floor plan of the resource and a site plan. These plans must be included with the application. Photographs may be mounted or placed in holders not larger than 8 1/2" x 11". The photographs may be black and white, color, or high-quality laser prints of digital images. *Photocopier images of photographs are not acceptable.* Photographs will not be returned.

If a resource is located in a historic district - local, state, or national - a map of the historic district, clearly identifying the property on which the resource is located, must be submitted. *For resources located in a local historic district, maps can be obtained from the local historic district commission. Maps for state register and national register historic districts may be available from the local historic district commission, or can be obtained from the SHPO.*

Check the appropriate boxes relating to the materials included as part of the application. Indicate whether these materials are attached with the application or are being sent separately.

6. Description of physical appearance. Provide information about the major interior and exterior features of the resource. If the resource is listed *individually* in the State Register of Historic Sites or the National Register of Historic Places, this section need not be completed.

When completing the description of physical appearance, it may be useful to consult and utilize any existing written material including local historic district study committee reports, or state or national register nominations.

Describe the resource in its *present condition*, and not as it was when it was first constructed, or how it will be after rehabilitation work is completed. *Do not indicate the architectural style of the resource.* Features to be described include, but are not limited to: exterior construction materials; type of roof; number of stories; basic floor plan; and distinguishing architectural features. *It may be helpful to refer to NATIONAL REGISTER BULLETIN #16 GUIDELINES FOR COMPLETING NATIONAL REGISTER OF HISTORIC PLACES FORMS for the standard terminology used.* Fully describe any changes that have been made to the resource since its original construction. Changes would include additions, porch enclosures, new storefronts, relocation of doors or windows, alterations to the interior, etc. Discuss how the resource relates to other resources in the historic district in terms of siting, scale, materials, type of construction, and date. *If there are other resources on the property, these resources must also be fully described.* Use a continuation sheet if necessary.

Provide the date of construction of the resource, if available, or indicate the approximate date. Give the source of the date. *The source may be a map, a study committee report, a register nomination, a building permit, or other official document. It is recommended that the title deed to the property not be used as a source.* State the dates of alterations and/or additions to the resource, if available, or indicate the approximate dates. Check whether the resource has been moved from its original location. If the resource has been moved, state the date, if available, or indicate the approximate date. Identify the uses of the resource prior to rehabilitation.

EXAMPLE

Description of physical appearance

This three-story, flat-roofed, unpainted brick commercial building, rectangular in shape, was constructed in 1850. It is similar in height and materials used in the surrounding buildings in this block of Main Street. It features regularly-spaced arched windows on the second and third floors. These windows are 2-over-2, double-hung sash. Six window openings on the east elevation have been filled in, the exact date is unknown. There is a prominent bracketed cornice. The first floor of the facade has been altered. The existing storefront dates from c.1950. On the interior, the first floor is divided into two principle spaces - a large commercial space in front and a smaller office behind. The front room was modernized c. 1950 and contains no surviving historic features except for a simple wooden staircase running along the party wall. A pressed metal ceiling is the most prominent feature in the rear office. Baseboards, paneled doors, and window and door surrounds also survive in this room. The upper floors have two rooms each, identical in configuration to the first floor. These rooms retain their original appearance, although they contain no architectural detailing of any kind.

7. Statement of significance. Summarize how the resource contributes to the significance of the historic district - local, state, or national. Use a continuation sheet if necessary. If the resource is listed *individually* in the State Register of Historic Sites or the National Register of Historic Places, this section need not be completed.

When completing the statement of significance, it may be useful to consult and utilize any existing written material including local historic district study committee reports, or state or national register nominations. In addition, the statement of significance should be written based on information that is readily available. Primary research is not required when completing this statement.

The summary should relate to the significance of the district, including the district's period of significance as identified in the local historic district study committee report or the state or national register nomination. The statement of significance should also relate to the SECRETARY OF THE INTERIOR'S STANDARDS FOR EVALUATING SIGNIFICANCE WITHIN REGISTERED HISTORIC DISTRICTS. In the statement, note the former uses of the resource, important figures from the past associated with the resource, and the names of the architects or builders, if known. Hearsay or "common knowledge" is not acceptable to establish significance. Use a continuation sheet if necessary.

EXAMPLE

Statement of significance

The Main Street Historic District is an intact grouping of architecturally significant commercial and industrial buildings constructed between 1850 and 1915 that display a variety of styles and types of architectural ornamentation popular during this era. The district is also significant as an early manufacturing and distribution center which led to the city's growth as one of the largest cities in the state. Industrial growth in the late nineteenth and early twentieth centuries required the construction of larger buildings and several still exist within the boundaries of the district. This modest three-story building is typical in appearance and history of the majority of the buildings in the district. It was originally built for manufacturing buttons, but was converted into a store with offices above during the 1880's when wholesaling grew as an important new activity in the district. The building is similar to its neighbors in size, scale, materials, and style.

SECRETARY OF THE INTERIOR'S STANDARDS FOR EVALUATING SIGNIFICANCE WITHIN REGISTERED HISTORIC DISTRICTS

1. A building contributing to the historic significance of a district is one which by location, design, setting, materials, workmanship, feeling and association adds to the district's sense of time and place and historical development.
2. A building not contributing to the historic significance of a district is one which does not add to the district's sense of time and place and historical development; or one where the location, design, setting, materials, workmanship, feeling and association have been so altered or have so deteriorated that the overall integrity has been irretrievably lost.
3. Ordinarily buildings that have been built within the past fifty years shall not be considered to contribute to the significance of a district unless a strong justification concerning their historical or architectural merit is given or the historical attributes of the district are considered to be less than fifty years old.

When completed, PART 1 - EVALUATION OF ELIGIBILITY, must be submitted to the SHPO for review and certification.

Please submit one complete application with original signatures. Supporting materials must be included with the application or sent separately.

Applicants may choose to submit Parts 1 and 2 together. However, if uncertain of the eligibility of the historic resource, applicants may choose to submit each part of the HISTORIC PRESERVATION CERTIFICATION APPLICATION separately and wait for a response from the SHPO before submitting the next part. This will minimize the risk encountered by the applicant. *Prior* to beginning any rehabilitation work, Parts 1 and 2 of the application should be submitted to and approved by the SHPO.

WHERE TO SEND COMPLETED APPLICATIONS

State Historic Preservation Office
Michigan Historical Center
717 West Allegan Street
Lansing, Michigan 48918-1800

PART 2 - DESCRIPTION OF REHABILITATION

Part 2 of the HISTORIC PRESERVATION CERTIFICATION APPLICATION must be completed and reviewed to determine if the proposed rehabilitation plans are consistent with the historic character of the resource and, where applicable, the historic district in which the resource is located, thus qualifying as a certified rehabilitation.

All projects are reviewed and evaluated for conformance with the SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION. These standards are broadly worded to guide the rehabilitation of all historic resources. The underlying concern expressed in the standards is the preservation of significant historic materials and features of a resource in the process of rehabilitation. The standards apply with equal force to both interior and exterior work, and the SHPO reviews the *entire* rehabilitation project rather than a single aspect of the undertaking. Certification of Part 2 is based on the *entire* project conforming to the STANDARDS FOR REHABILITATION.

Proposed work that appears to be inconsistent with the STANDARDS FOR REHABILITATION will be identified by the SHPO, and advice will be given to assist applicants, architects, or builders on how to bring the project into compliance with the standards.

The National Park Service (NPS) publishes detailed information on preservation topics including the SECRETARY OF THE INTERIOR'S GUIDELINES FOR REHABILITATING HISTORIC BUILDINGS and PRESERVATION BRIEFS, a series that details appropriate preservation techniques. These materials can be obtained from the NPS or the SHPO.

Completing Part 2 - Description of Rehabilitation

1. Name of resource. Provide the name of the resource. If the resource is listed in the state or national register, use the resource name that is indicated on the register nomination form. When a resource is known by a historic name, use that name. However, if no historic name is ascribed to the resource, the name of the resource is, generally, the street address. Provide the complete address for the resource under consideration. *The information in Part 2 should be consistent with the information provided in Part 1.* Indicate whether Part 1 of the application has been submitted. If Part 1 has been submitted, give the date of submission, the date that the application was certified by the SHPO, and the state project number. *The state project number is located in the upper right hand corner of the Part 1 application response.*

SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION

1. A property shall be used for its historic purpose or be placed in a new use that requires minimal change to the defining characteristics of the buildings and its site and environment.
2. The historic character of a property shall be retained and preserved. The removal of historic materials or alteration of features and spaces that characterize a property shall be avoided.
3. Each property shall be recognized as a physical record of its time, place, and use. Changes that create a false sense of historical development, such as adding conjectural features or architectural elements from other buildings, shall not be undertaken.
4. Most properties change over time; those changes that have acquired historic significance in their own right shall be retained and preserved.
5. Distinctive features, finishes, and construction techniques or examples of craftsmanship that characterize a historic property shall be preserved.
6. Deteriorated historic features shall be repaired rather than replaced. Where the severity of deterioration requires replacement of a distinctive feature, the new feature shall match the old in design, color, texture, and other visual qualities and, where possible, materials. Replacement of missing features shall be substantiated by documentary, physical, or pictorial evidence.
7. Chemical or physical treatments, such as sandblasting, that cause damage to historic materials shall not be used. The surface cleaning of structures, if appropriate, shall be undertaken using the gentlest means possible.
8. Significant archaeological resources affected by a project shall be protected and preserved. If such resources must be disturbed, mitigation measures shall be undertaken.
9. New additions, exterior alteration, or related new construction shall not destroy historic materials that characterize the property. The new work shall be differentiated from the old and shall be compatible with the massing, size, scale, and architectural features to protect the historic integrity of the property and its environment.
10. New additions and adjacent or related new construction shall be undertaken in such a manner that if removed in the future, the essential form and integrity of the historic property and its environment would be unimpaired.

2. Project contact. Provide the name, complete address, daytime telephone number, and email address, if applicable, of the person to whom inquiries regarding specifics of the application and the project should be made. *The information provided in Part 2 should be consistent with the information provided in Part 1.*

3. Owner of resource. Provide the name of the resource owner. If the owner is a business entity, provide the name of the organization. Give the owner's Social Security Number or Tax Identification Number. If there are multiple resource owners, their names, addresses, and Social Security Numbers or Tax Identification Numbers must be listed on a continuation sheet. Provide the owner's complete address, daytime telephone number, and email address, if applicable. All owners must sign and date the application. *The information provided in Part 2 should be consistent with the information provided in Part 1.* Unsigned applications will not be reviewed. *If the applicant is a long-term lessee as defined by P.A. 534 and 535 of 1998, the lessee must complete the application as the owner of the resource.*

4. Photographs and additional materials. A sufficient number of good, clear photographs must be submitted with the Part 2 application to document the existing condition of the resource and its features. The photographs should document the site and the environment, the exterior and the interior conditions of the areas of proposed rehabilitation *prior* to any rehabilitation work. *Photographs of the conditions prior to rehabilitation must be submitted even if the rehabilitation work has been completed. Such documentation is necessary for the SHPO to evaluate the effect of the rehabilitation on the historic resource. When such documentation is not provided, review and evaluation cannot be completed, resulting in postponement or denial of the requested certification.*

All photographs must show the architectural features *clearly*. Photographs should be labeled with the following information: 1) the resource name; 2) the view, i.e. east elevation; 3) a brief description of what is pictured; 4) the date when the photograph was taken; and 5) a number assigned by the applicant. All photographs must be keyed to the description of rehabilitation work (*see #6*) and keyed to a floor plan and/or a site plan. These plans must be included with the application. Photographs may be mounted or placed in holders not larger than 8 1/2" x 11". Photographs may be black and white, color, or high-quality, laser prints of digital images. *Photocopier images of photographs are not acceptable.* Photographs will not be returned.

It is suggested that a duplicate set of photographs be retained by applicants to assist in completing Part 3.

Drawings for proposed rehabilitation work are required to show planned alterations or new construction. The drawings must be detailed to illustrate existing configurations and anticipated changes. Documentation should be labeled with the following information: 1) the resource name; 2) a brief description of what is pictured; and 3) a number assigned by the applicant. All drawings must be keyed to the description of rehabilitation work (*see #6*).

Specifications indicate the techniques, methods, and materials to be used in the rehabilitation work. Specifications may include both performance and/or vendor stipulations. Manufacturer's publications and catalog pages may be included in support of the application. Only information on the product specifically intended for use in the rehabilitation work should be included. Documentation should be labeled with the following information: 1) the resource name; and 2) a number assigned by the applicant. All specifications must be keyed to the description of rehabilitation work (*see #6*).

Check the appropriate boxes relating to the materials included as part of the application. Indicate whether these materials are attached with the application or are being sent separately.

5. Data on rehabilitation project. Provide the proposed use of the resource after rehabilitation. The estimated cost of the rehabilitation must be stated. *Rehabilitation costs are costs associated with work undertaken on the historic resource. These costs do not include acquisition, furnishings, new additions that expand the existing resource, construction of new facilities related to the resource, or site improvements.* Indicate the State Equalized Value (SEV) of the property.

Verification of the State Equalized Value. The SEV is a number determined by the state which is equal to approximately 50 percent of the fair market value of the property. The VERIFICATION OF THE STATE EQUALIZED VALUE form must be completed and submitted with the application. *Verification of the SEV must be obtained from the local assessor's office.* An appraised value should be submitted only in instances where part of a resource is being rehabilitated, i.e. half of a duplex. Appraisals will only be accepted from State of Michigan certified or licensed appraisers.

6. Detailed description of rehabilitation work. This section is intended to provide a description of the proposed project work. *The entire project must be described.*

In the boxes, provide a description of each work item. A pair of boxes should be used to describe each feature and the effect rehabilitation will have on that feature. Begin by describing site work, followed by work on the exterior, and finally work on the interior. Photocopy additional sheets if necessary.

In the upper box, number the work item. Identify the architectural feature requiring work. Indicate whether the feature described is original to the resource or was added at a later date by providing the date, if available, or the approximate date of the feature. Provide the photograph and/or drawing numbers that show the feature described. Describe the feature and its *current* physical condition. Use a continuation sheet if necessary.

In the lower box, explain, in detail, the rehabilitation work to be undertaken. Describe the impact - visual, structural, etc. - that the proposed work will have on the existing feature. Indicate the photographs, drawings, or specification pages that represent the rehabilitation work and its impact on the existing feature. Use a continuation sheet if necessary.

EXAMPLE of detailed description of rehabilitation work

1	Architectural feature <u>masonry</u> Date(s) of feature <u>c. 1890</u>
	Photograph(s) <u>3, 6</u> Drawing(s) <u>n/a</u>
<p>Describe the feature and its current condition</p> <p>The masonry is hard-pressed red brick with joints in good condition. The mortar is mostly sound, but deteriorated and missing around the downspout at the east end of the facade. There is some graffiti at the first floor level.</p> <p style="text-align: right;"><input type="checkbox"/> Check here if using a continuation sheet</p>	
<p>Describe the work and the impact on the feature</p> <p>The deteriorated joints will be selectively hand-cleaned and repointed. The mortar will match the existing mortar in terms of composition and joint width and profile. See specifications 33-35. The graffiti will be removed by a chemical cleaning agent. See specifications 30-31.</p> <p style="text-align: right;"><input type="checkbox"/> Check here if using a continuation sheet</p>	

When completed, PART 2 - DESCRIPTION OF REHABILITATION, must be submitted to the SHPO for review and certification.

Please submit one complete application with original signatures. Supporting materials must be included with the application or sent separately.

Applicants may choose to submit Parts 1 and 2 together. However, if uncertain of the eligibility of the historic resource, applicants may choose to submit each part of the HISTORIC PRESERVATION CERTIFICATION APPLICATION separately and wait for a response from the SHPO before submitting the next part. This will minimize the risk encountered by the applicant. *Prior* to beginning *any* rehabilitation work, Parts 1 and 2 of the application should be submitted to and approved by the SHPO.

WHERE TO SEND COMPLETED APPLICATIONS

State Historic Preservation Office
Michigan Historical Center
717 West Allegan Street
Lansing, Michigan 48918-1800

If changes are made to a project at any time after the submission of the initial application, an amendment sheet should be submitted to the SHPO. In the space provided, detail the changes in the project work, indicating the original proposed treatment and the amended work item description. Use a continuation sheet if necessary. All owners must sign and date the amendment sheet.

PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK

A project does not become a certified rehabilitation, eligible for tax credits, until it is complete and certified by the SHPO. Upon completion of the rehabilitation project, applicants must submit Part 3 of the HISTORIC PRESERVATION CERTIFICATION APPLICATION.

The completed project may be inspected by an authorized representative of the SHPO to determine if the completed work conforms to the SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION. The SHPO will review the *entire* rehabilitation project, both interior and exterior work, rather than a single aspect of the undertaking. Certification of Part 3 is based on the *entire* project conforming to the STANDARDS FOR REHABILITATION.

Completing Part 3 - Request for Certification of Completed Work

1. Name of resource. Provide the name of the resource. If the resource is listed in the state or national register, use the resource name that is indicated on the register nomination form. When a resource is known by a historic name, i.e. Michigan Manufacturing Company, or is called by a historic name in the documentation, use that name. However, if no historic name is ascribed to the resource, the name of the resource is, generally, the street address. Provide the complete address for the resource under consideration. *The information in Part 3 should be consistent with the information provided in Parts 1 and 2.*

2. Owner of property. Provide the name of the resource owner. If the owner is a business entity, provide the name of the organization. Give the owner's Social Security Number or Tax Identification Number. If there are multiple resource owners, their names, addresses, and Social Security Numbers or Tax Identification Numbers must be listed on a continuation sheet. Provide the owner's complete address, daytime telephone number, and email address, if applicable. All owners must sign and date the application. *The information in Part 3 should be consistent with the information provided in Parts 1 and 2.* Unsigned applications will not be reviewed. *If the applicant is a long-term lessee as defined by P.A. 534 and 535 of 1998, the lessee must complete the application as the owner of the resource.*

By signature, the resource owner certifies that, in their opinion, the completed rehabilitation meets the SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION and is consistent with the work described in Part 2 of the HISTORIC PRESERVATION CERTIFICATION APPLICATION.

3. Data on rehabilitation project. Give the date on which the rehabilitation work began and when the rehabilitation work was completed and the resource was placed in service. *The date the resource was placed in service must be a date when the rehabilitation work was completed and the resource could be occupied.* Provide the estimated costs attributed solely to the rehabilitation of the resource. *Qualified rehabilitation expenditures are costs associated with rehabilitation work undertaken on the resource itself and can include professional service fees such as architectural and engineering fees, site survey fees, legal expenses, and development fees.* Provide the estimated costs attributed solely to new construction. *These costs include furnishings, new additions that expand the existing resource, construction of new facilities related to the resource, and site improvements.*

4. Photographs and additional materials. Photographs of completed work must be submitted with the Part 3 application. The purpose of these photographs is to demonstrate that the rehabilitation work has been carried out as stated in the Part 2 application which would qualify as a certified rehabilitation.

Good, clear photographs must be submitted with the Part 3 application. The photographs must document the site and the environment, the exterior and the interior conditions of the areas of completed rehabilitation. These photographs should be taken from the same vantage points as the photographs in Part 2 to provide an accurate comparison.

All photographs must show the architectural features *clearly*. Photographs should be labeled with the following information: 1) the resource name; 2) the view, i.e. east elevation; 3) a brief description of what is pictured; 4) the date when the photograph was taken; and 5) a number assigned by the applicant. All photographs must be keyed to a floor plan and/or a site plan. These plans must be included with the application. Photographs may be mounted or placed in holders not larger than 8 1/2" x 11". Photographs may be black and white, color, or high-quality laser prints of digital images. *Photocopier images of photographs are not acceptable.* Photographs will not be returned.

Check the appropriate boxes relating to the materials included as part of the application. Indicate whether these materials are attached with the application or are being sent separately.

When completed, PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK, must be submitted to the SHPO for review and certification.

Please submit one complete application with original signatures. Supporting materials must be included with the application or sent separately.

There is a fee for the review of the Part 3 application. This fee is nonrefundable. Checks or money orders must be made payable to the "State of Michigan." Cash will not be accepted. No decisions will be issued by the SHPO until the receipt of appropriate remittance.

The fee for the review of the Part 3 application is based on the dollar amount of the qualified rehabilitation expenditures. *Refer to the dollar amount indicated in #3, estimated costs attributed solely to rehabilitation of the certified historic resource, and determine the review fee using the schedule below.*

FEE for REVIEW of PART 3	
<u>Fee</u>	<u>Qualified Rehabilitation Expenditures</u>
No fee	\$0 to \$999
\$25	\$1,000 to \$3,999
\$100	\$4,000 to \$9,999
\$250	\$10,000 to \$19,999
\$500	\$20,000 to \$99,999
\$800	\$100,000 to \$499,999
\$1,500	\$500,000 to \$999,999
\$2,500	\$1,000,000 or more

A project does not become a certified rehabilitation, eligible for State of Michigan tax credits until it is completed and certified by the SHPO. The tax credit cannot be claimed until this action has been taken. The SHPO will notify both the applicant and the Michigan Department of Treasury of this certification.

WHERE TO SEND COMPLETED APPLICATIONS

State Historic Preservation Office
Michigan Historical Center
717 West Allegan Street
Lansing, Michigan 48918-1800

Michigan Department of State
Candice S. Miller, Secretary of State

HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 1 - EVALUATION OF ELIGIBILITY

SHPO USE ONLY

Site Number

SHPO USE ONLY

State Project Number

Read the instructions carefully before completing this application. This application will not be reviewed and no decision will be made until a complete application has been received. Type or print clearly in black ink.

1. NAME OF RESOURCE

Name of resource _____

Address of resource Street _____

City _____ County _____ ZIP _____

Name of historic district _____

Name of local unit of government _____

Population of local unit of government _____ Source(s) _____

☐ The DECLARATION OF LOCATION form is included with this application.

2. NATURE OF REQUEST

☐ Verification that the resource is located in a local unit of government with a population of 5,000 people or more, *and* is a contributing resource in a local historic district.

☐ Verification that the resource is located in a local unit of government with a population of less than 5,000 people, *and*

☐ is a contributing resource in a local historic district.

☐ is listed individually in the State Register of Historic Sites and/or the National Register of Historic Places.

☐ is a contributing resource in a State Register of Historic Sites and/or a National Register of Historic Places historic district.

3. PROJECT CONTACT

Name _____

Address of contact Street _____

City _____ State _____ ZIP _____

Daytime telephone number _____ Email _____

**HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 1 - EVALUATION OF ELIGIBILITY**

Resource name _____

Resource address _____

SHPO USE ONLY

State Project Number

4. OWNER OF RESOURCE

Name _____

Organization _____

Social Security Number _____ - _____ Taxpayer Identification Number _____ - _____

Address of owner Street _____

City _____ State _____ ZIP _____

Daytime telephone number _____ Email _____

I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the resource described above.

Signature of owner _____ Date _____

5. PHOTOGRAPHS AND ADDITIONAL MATERIALS

- | | | |
|--|--|--|
| <input type="checkbox"/> Photograph(s) | <input type="checkbox"/> Plan(s) | <input type="checkbox"/> Map(s) |
| <input type="checkbox"/> Attached | <input type="checkbox"/> Attached | <input type="checkbox"/> Attached |
| <input type="checkbox"/> Sent separately | <input type="checkbox"/> Sent separately | <input type="checkbox"/> Sent separately |

MICHIGAN STATE HISTORIC PRESERVATION OFFICE USE ONLY

The Michigan State Historic Preservation Office has reviewed the PART 1 - EVALUATION OF ELIGIBILITY for the above-named resource and hereby determines that the resource:

- ☐ appears to be a certified historic resource because the resource
- ☐ is located in a local unit of government with a population of 5,000 people or more *and* is a contributing resource in a local historic district.
 - ☐ is located in a local unit of government with a population of less than 5,000 people *and*
 - ☐ is a contributing resource in a local historic district.
 - ☐ is listed individually in the State Register of Historic Sites and/or the National Register of Historic Places.
 - ☐ is a contributing resource in a State Register of Historic Sites and/or a National Register of Historic Places historic district.
 - ☐ does not appear to be a certified historic resource.

State Historic Preservation Officer

Date

HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 1 - EVALUATION OF ELIGIBILITY

Resource name _____

Resource address _____

SHPO USE ONLY
State Project Number

6. DESCRIPTION OF PHYSICAL APPEARANCE

☐ Check here if using a continuation sheet

Date of construction _____ Source _____

Dates of additions and/or alterations _____

Has the resource been moved? ☐ Yes ☐ No If yes, when? _____

Use of resource prior to rehabilitation _____

7. STATEMENT OF SIGNIFICANCE

☐ Check here if using a continuation sheet

HISTORIC PRESERVATION CERTIFICATION APPLICATION
DECLARATION OF LOCATION

SHPO USE ONLY

Site Number

SHPO USE ONLY

State Project Number

Read the instructions carefully before completing this form. Type or print clearly in black ink.

1. NAME OF RESOURCE

Name of resource _____

Address of resource Street _____

City _____ County _____ ZIP _____

2. OWNER OF RESOURCE

Name _____

Address of owner Street _____

City _____ State _____ ZIP _____

Daytime telephone number _____ Email _____

Signature of owner _____ Date _____

☐ The \$25 processing fee is included with the Part 1 application. See instructions for details.

3. DECLARATION

To be completed by an official representative of the local unit of government

Name of local historic district _____ Year established _____

Name of official representative _____

Title of official representative _____

Address of local unit of government

Street _____

City _____ County _____ ZIP _____

I hereby attest that the information provided is, to the best of my knowledge, correct, and that the above-named resource is located within the boundaries of a local historic district as established under Michigan's Local Historic Districts Act (P.A. 169 of 1970, as amended).

Signature of official representative _____ Date _____

HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 - DESCRIPTION OF REHABILITATION

SHPO USE ONLY

Site Number

SHPO USE ONLY

State Project Number

Read the instructions carefully before completing this application. This application will not be reviewed and no decision will be made until a complete application has been received. Type or print clearly in black ink.

1. NAME OF RESOURCE

Name of resource _____

Address of resource Street _____

City _____ County _____ ZIP _____

Has PART 1 - EVALUATION OF ELIGIBILITY been submitted? ☐ Yes ☐ No If yes, when? _____

Date of certification _____ State project number _____

2. PROJECT CONTACT

Name _____

Address of contact Street _____

City _____ State _____ ZIP _____

Daytime telephone number _____ Email _____

3. OWNER OF RESOURCE

Name _____

Organization _____

Social Security Number _____ - _____ Taxpayer Identification Number _____ - _____

Address of owner Street _____

City _____ State _____ ZIP _____

Daytime telephone number _____ Email _____

I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the resource described above.

Signature of owner _____ Date _____

4. PHOTOGRAPHS AND ADDITIONAL MATERIALS

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Photograph(s) | <input type="checkbox"/> Plan(s) | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Specification(s) |
| <input type="checkbox"/> Attached | <input type="checkbox"/> Attached | <input type="checkbox"/> Attached | <input type="checkbox"/> Attached |
| <input type="checkbox"/> Sent separately | <input type="checkbox"/> Sent separately | <input type="checkbox"/> Sent separately | <input type="checkbox"/> Sent separately |

HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 - DESCRIPTION OF REHABILITATION

Resource name _____

Resource address _____

SHPO USE ONLY

State Project Number

5. DATA ON REHABILITATION PROJECT

Proposed use after rehabilitation _____

Estimated cost of rehabilitation \$ _____

The State Equalized Value (SEV) of the above-named property \$ _____

☐ The VERIFICATION OF THE STATE EQUALIZED VALUE form is included with this application.

MICHIGAN STATE HISTORIC PRESERVATION OFFICE USE ONLY

The Michigan State Historic Preservation Office has reviewed PART 2 - DESCRIPTION OF REHABILITATION for the above-named resource and hereby determines that:

☐ the rehabilitation described herein is consistent with the historic character of the above-named resource and conforms to the SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION. This is a preliminary determination only, since a formal certification of rehabilitation can be issued only after the rehabilitation work is completed on the certified historic resource.

☐ the rehabilitation described herein will conform to the SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION if the attached _____ conditions are met.

☐ the rehabilitation described herein is inconsistent with the historic character of the above-named resource and does not conform to the SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION. Therefore, the rehabilitation as described cannot be certified.

State Historic Preservation Officer

Date

HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 - DESCRIPTION OF REHABILITATION

Resource name _____

Resource address _____

SHPO USE ONLY

State Project Number

6. DETAILED DESCRIPTION OF REHABILITATION WORK

Read the instructions carefully before completing this section. The entire project must be described.

ITEM #	<div style="display: flex; justify-content: space-between;"><div>Architectural feature _____</div><div>Date of feature _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Photograph(s) _____</div><div>Drawing(s) _____</div></div>
<div>Describe the feature and its current condition</div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if using a continuation sheet</div>	
<div>Describe the work and the impact on the feature</div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if using a continuation sheet</div>	

ITEM #	<div style="display: flex; justify-content: space-between;"><div>Architectural feature _____</div><div>Date of feature _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Photograph(s) _____</div><div>Drawing(s) _____</div></div>
<div>Describe the feature and its current condition</div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if using a continuation sheet</div>	
<div>Describe the work and the impact on the feature</div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if using a continuation sheet</div>	

HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 - DESCRIPTION OF REHABILITATION

Resource name _____

Resource address _____

SHPO USE ONLY
State Project Number

6. DETAILED DESCRIPTION OF REHABILITATION WORK continued

ITEM #	<div style="display: flex; justify-content: space-between;"><div>Architectural feature _____</div><div>Date of feature _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Photograph(s) _____</div><div>Drawing(s) _____</div></div>
<div>Describe the feature and its current condition</div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if using a continuation sheet</div>	
<div>Describe the work and the impact on the feature</div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if using a continuation sheet</div>	

ITEM #	<div style="display: flex; justify-content: space-between;"><div>Architectural feature _____</div><div>Date of feature _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Photograph(s) _____</div><div>Drawing(s) _____</div></div>
<div>Describe the feature and its current condition</div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if using a continuation sheet</div>	
<div>Describe the work and the impact on the feature</div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if using a continuation sheet</div>	

HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 - DESCRIPTION OF REHABILITATION

Resource name _____

Resource address _____

SHPO USE ONLY
State Project Number

6. DETAILED DESCRIPTION OF REHABILITATION WORK continued

ITEM #	<div style="display: flex; justify-content: space-between;"><div>Architectural feature _____</div><div>Date of feature _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Photograph(s) _____</div><div>Drawing(s) _____</div></div>
<div>Describe the feature and its current condition</div> <div style="height: 150px; border: 1px solid black; margin-top: 5px;"></div>	
<input type="checkbox"/> Check here if using a continuation sheet	
<div>Describe the work and the impact on the feature</div> <div style="height: 150px; border: 1px solid black; margin-top: 5px;"></div>	
<input type="checkbox"/> Check here if using a continuation sheet	

ITEM #	<div style="display: flex; justify-content: space-between;"><div>Architectural feature _____</div><div>Date of feature _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Photograph(s) _____</div><div>Drawing(s) _____</div></div>
<div>Describe the feature and its current condition</div> <div style="height: 150px; border: 1px solid black; margin-top: 5px;"></div>	
<input type="checkbox"/> Check here if using a continuation sheet	
<div>Describe the work and the impact on the feature</div> <div style="height: 150px; border: 1px solid black; margin-top: 5px;"></div>	
<input type="checkbox"/> Check here if using a continuation sheet	

HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 - DESCRIPTION OF REHABILITATON

Resource name _____

Resource address _____

SHPO USE ONLY

State Project Number

6. DETAILED DESCRIPTION OF REHABILITATION WORK continued

ITEM #	<div style="display: flex; justify-content: space-between;"><div>Architectural feature _____</div><div>Date of feature _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Photograph(s) _____</div><div>Drawing(s) _____</div></div>
<div>Describe the feature and its current condition</div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if using a continuation sheet</div>	
<div>Describe the work and the impact on the feature</div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if using a continuation sheet</div>	

ITEM #	<div style="display: flex; justify-content: space-between;"><div>Architectural feature _____</div><div>Date of feature _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Photograph(s) _____</div><div>Drawing(s) _____</div></div>
<div>Describe the feature and its current condition</div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if using a continuation sheet</div>	
<div>Describe the work and the impact on the feature</div> <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if using a continuation sheet</div>	

HISTORIC PRESERVATION CERTIFICATION APPLICATION
VERIFICATION OF THE STATE EQUALIZED VALUE

SHPO USE ONLY

Site Number

SHPO USE ONLY

State Project Number

Read the instructions carefully before completing this form. Type or print clearly in black ink.

1. NAME OF RESOURCE

Name of resource _____

Address of resource Street _____

City _____ County _____ ZIP _____

2. OWNER OF RESOURCE

Name _____

Address of owner Street _____

City _____ State _____ ZIP _____

Daytime telephone number _____ Email _____

Signature _____ Date _____

3. VERIFICATION

To be completed by an official representative of the local unit of government

The State Equalized Value (SEV) of the above-named property \$ _____

Name of official representative _____

Title of official representative _____

Address of local unit of government

Street _____

City _____ County _____ ZIP _____

I hereby attest that the State Equalized Value (SEV) noted is, to the best of my knowledge, correct for the above-named property.

Signature of official representative _____ Date _____

**HISTORIC PRESERVATION CERTIFICATION APPLICATION
CONTINUATION SHEET**

Resource name _____

Resource address _____

SHPO USE ONLY
State Project Number

Use this form to continue sections of Part 1, Part 2 and/or Part 3 of the HISTORIC PRESERVATION CERTIFICATION APPLICATION. Photocopy additional sheets as needed. Type or print clearly in black ink.

This form continues: ☐ Part 1 ☐ Part 2 ☐ Part 3

**HISTORIC PRESERVATION CERTIFICATION APPLICATION
AMENDMENT SHEET**

Resource name _____

SHPO USE ONLY

State Project Number

Resource address _____

Use this form to amend sections of Part 2 of the HISTORIC PRESERVATION CERTIFICATION APPLICATION. Photocopy additional sheets as needed.
Type or print clearly in black ink.

☐ Check here if using a continuation sheet

1. PHOTOGRAPHS AND ADDITIONAL MATERIALS

<input type="checkbox"/> Photograph(s)	<input type="checkbox"/> Plan(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Specification(s)
<input type="checkbox"/> Attached	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached
<input type="checkbox"/> Sent separately	<input type="checkbox"/> Sent separately	<input type="checkbox"/> Sent separately	<input type="checkbox"/> Sent separately

2. OWNER OF RESOURCE

Name _____

Organization _____

Social Security Number _____ - _____ Taxpayer Identification Number _____ - _____

Address of Owner Street _____

City _____ State _____ ZIP _____

Daytime telephone number _____ Email _____

I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the resource described above.

Signature of owner _____ Date _____

HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK

SHPO USE ONLY

Site Number

SHPO USE ONLY

State Project Number

Read the instructions carefully before completing this application. Applications will not be reviewed and no decisions will be made until a complete application has been received. Type or print clearly in black ink.

1. NAME OF RESOURCE

Name of resource _____

Address of resource Street _____

City _____ County _____ ZIP _____

2. OWNER OF RESOURCE

Name _____

Organization _____

Social Security Number _____ - _____ Taxpayer Identification Number _____ - _____

Address of owner Street _____

City _____ State _____ ZIP _____

Daytime telephone number _____ Email _____

I hereby apply for certification of rehabilitation work completed on the resource described above for purposes of State of Michigan tax credits. I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the resource described above.

Signature of owner _____ Date _____

☐ The fee for the review of the Part 3 application is included. See instructions for appropriate remittance.

☐ This project will be utilizing the federal 10% ☐ or 20% ☐ tax credit in combination with the state tax credit.

3. DATA ON REHABILITATION PROJECT

Date rehabilitation work on this resource began _____

Date rehabilitation work on this resource was completed and the resource was placed in service _____

Estimated costs attributed solely to rehabilitation of the resource \$ _____

Estimated costs attributed solely to new construction associated with rehabilitation \$ _____

4. PHOTOGRAPHS AND ADDITIONAL MATERIALS

☐ Photograph(s) ☐ Plan(s)

☐ Attached ☐ Attached

☐ Sent separately ☐ Sent separately

**HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK**

Resource name _____

Resource address _____

SHPO USE ONLY

State Project Number

MICHIGAN STATE HISTORIC PRESERVATION OFFICE USE ONLY

The Michigan State Historic Preservation Office has reviewed the PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK for the above-named resource and has hereby determined that:

☐ the completed rehabilitation is consistent with the historic character of the above-named resource and conforms to the SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION. Effective the date indicated below, the rehabilitation of the resource is hereby designated a certified rehabilitation and the owner is eligible for the income tax credit indicated below. A copy of this signed certification will be provided to the Michigan Department of Treasury in accordance with state law. This letter of certification is to be used in conjunction with appropriate Michigan Department of Treasury regulations. The State of Michigan reserves the right to make inspections at any time up to five years after the completion of the rehabilitation and to revoke certification if it is determined that the rehabilitation project was not undertaken as presented by the resource owner(s) in the application form and supporting documentation, or the resource owner(s), upon obtaining certification, undertook unapproved further alterations inconsistent with the STANDARDS FOR REHABILITATION.

This project is:

☐ filing for the State of Michigan tax credit only.

☐ filing for joint federal and state tax credits and is entitled to a 5% State of Michigan tax credit.

☐ filing for joint federal and state tax credits and is entitled to a 15% State of Michigan tax credit.

☐ a combined commercial and residential resource and is entitled to a combined credit equal to or not greater than 25% of qualified rehabilitation expenditures.

☐ the completed rehabilitation is not consistent with the historic character of the above-named resource and does not conform to the SECRETARY OF THE INTERIOR'S STANDARDS FOR REHABILITATION and is therefore not certified. A copy of this signed form will be provided to the Michigan Department of Treasury.

State Historic Preservation Officer

Date

Michigan Department of State
Candice S. Miller, Secretary of State